MULTIPLE DE VIDENT CLAI FEE CALCULATION SHEET DENT CLAIM (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

AFTER

2 - AMENDMENT

DEP.

IND.

AFTER

1" AMENDMENT

DEP.

IND.

CLAIMS

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CLAIMS			29					CLAIMS		

PTO - 1360 (REV. 11/04)

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